11111

I

.

Cancel in this application original claims \_

91-23-02

COPY OF PAPERS ORIGINALLY FILED

of the prior application before calculating the filing fee.

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

10/053035 10/053035

7 Commissioner for Patents **BOX PATENT APPLICATION** Washington, D.C 20231 Sir We are transmitting herewith the attached: **Patent Application Transmittal** X X Specification: Total pages: 14 (including claims and abstract: Spec. 9 sheets; Claims 4 sheets; Abstract 1 X Drawings: Total sheets: 2 informal Combined Declaration and Power of Attorney: UNEXECUTED  $\boxtimes$ newly executed copy from prior application Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. Accompanying application parts: X Notification of filing a Assignment of the Invention to Medtronic, Inc. Assignment cover sheet Information Disclosure Statement PTO Form 1449 Copies of IDS citations **Preliminary Amendment** A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard IF A CONTINUING APPLICATION: ☐ Divisional Continuation-in-part (CIP) Continuation of prior application No. \_\_\_\_ Amend the specification by inserting before the first line the sentence: This application is a 🗌 continuation П of application number \_\_\_\_\_\_, filed \_\_\_\_\_ continuation in part division

(At least the original independent claim must be retained for filing purposes.)

The prior application is assigned of record to Medtronic, Inc.

The Power of Attorney in the prior application is to: \_\_

	This application claims the benefit of U.S. Provisional Application(s) Serial No.(s), filed					
X	Address all future correspondence to:	Girma Wolde-Michael, Reg. No. 36,724  Medtronic, Inc., MS 301 7000 Central Avenue NE Minneapolis, Minnesota 55432 Telephone: (763)514-6402				

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee		No. of Extra Claims	Rate	Fee
Total Claims	20	20	=	0	x 18	0
Independent Claims	3	3	=	0	x 80	0
Multiple Dependent Claims	0				+ 270	0
Basic Filing Fee	asic Filing Fee					\$740 00
		,			TOTAL	740.00

Charge Deposit Account No. 13-2546 the sum of \$740.00 (Filing Fee) for a total of \$740.00. X

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed. X

10/19/01 Date

Girma Wolde-Michael, Reg. No. 36,724
MEDTRONIC, INC.
7000 Central Avenue N.E.
Minneapolis, Minnesota 55432
Telephone: (763) 514-6402